

FILED AUG 13 1945
Registration District No. **155**

Primary Registration District No. **5579**

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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Turner
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jasper Co TB Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Newton

(c) City or town Jasper - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Box 559 Route 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orville Phillipen

3. (b) If veteran, name war no

3. (c) Social Security No. None
500-09-3682

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Phillipen

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 4 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1945 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept 28, 1944 to July 3, 1945;
that I last saw him alive on July 3, 1945;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Carpenter

12. Name H. M. Phillipen

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Lawton

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Acordia

(b) Address _____

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof July 7 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Dick Memorial Park

18. (a) Signature of funeral director Metz City Mort Co

(b) Address Metz City Mo

19. (a) July 7 1945
(Date received by local registrar)

(b) Dr. Lillie Lagle
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature John E. Decker (M. D. or _____)

Address Metz City Mo Date signed 7/3/45

1180

45-7-621

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Clayton M. Johnston

Licensed Embalmer No. 304

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.